

When I Became A Werewolf

Undergraduate Research Thesis

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by

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I may have been living with this monster inside of me my whole life, but it didn't manifest itself until my junior year of high school, when I was 17. My first real boyfriend was lucky enough to witness the change, and even luckier to have been the trigger of it. While I won't go into heavy detail about what happened, I will confess that I have been living with clinical depression for a good chunk of my life and my kinship with werewolves and other monsters in literature and film has made me grow to love them, especially female monsters, when portrayed correctly.

Monsters have always been rooted in psychology. They are a mechanism manifested to deal with human fears, including the fear of mental illness. They originated as horrific, dangerous beasts who couldn't control their unstable tendencies and needed to be locked away or destroyed, much like the early ways of dealing with people who suffered from mental illness. The fear and misunderstanding of abnormal psychology led society to condemn those living with mental illness, so that even today there is a stigma towards it.

Werewolves are one of the oldest, most familiar monsters of horror mythology. As time has progressed, werewolf lore has transferred into film where film scholars have connected werewolves to everything from urban violence to sexual maturation. While the idea of lycanthropy has also been touched on, these monsters bear another under-analyzed dimension related to mental illness, specifically bipolar disorder and depression.

My thesis investigates the parallels between depictions of the werewolf and that of bipolar disorder and depression and asks to what extent the-werewolf can be used to reflect or even change attitudes toward mental illness. Using close textual analysis, I track these portraits from classical and medieval mythology to modern horror films, paying particular attention to the

differences in how these texts portray female and male werewolves. Additionally, a survey on human fear of monsters was also conducted, which revealed patterns of people's attitudes toward mental illness and werewolves.

Historically, women with mental illness have been demonized more thoroughly even than their male counterparts, and this tendency can be seen throughout older literature and folklore, as well as werewolf films. However, more recent films have transformed the male werewolf from monster into sympathetic hero, seemingly coinciding with a positive shift in attitudes toward mental illness. Yet depictions of female werewolves remain almost exclusively demonic, hyper-sexualized, or pathetic, with a minority of more sympathetic portrayals that may indicate some progress. The film industry has the potential to positively alter the ideas about mental illness through werewolf and other monster films, but in order to do so, it must change the outdated formulas of gender stereotypes and mental illness that are continuously displayed to better represent the advancements in today's mental health field and educate viewers about mental illness.

Medieval Period

The word "werewolf," which comes from Old English, literally means "man-wolf," already excluding females from its lore in one of its earliest forms. A term we have come to know as a fictional monster in modern times has actually been around for centuries and was once considered a threat to real life. Accounts of men becoming wolves and attacking people were at their highest during the Medieval Period when superstitious beliefs were the norm. Those claiming to be werewolves were actually suffering from the mental illness now known as

lycanthropy, but the limited range of medical knowledge, especially regarding mental illness, prevented doctors from knowing this at the time.

Lycanthropy, a term which usually coexists as another name for the werewolf curse in modern literary or film mention, is an actual psychological condition. Considered a mental illness with connection to schizophrenia and depression, lycanthropy is “an authentic form of insanity in which the afflicted person imagines himself to be transformed into a wolf, whereas a genuine werewolf can actually shift his shape” (Frost). It is also considered a melancholic illness because the person lives in a “depressed, misanthropic state of mind, while physically he is weak and debilitated” (Frost), and often has an incredibly parched mouth. While the most common representation in lycanthropic patients is the psychological form of a wolf, their minds may take on other animal selves as well, such as a bear or large wildcat, just as different cultural myths involve shapeshifting into these as well as their version of werewolves. Though the manifestation of lycanthropy can vary, patients often fall within symptoms like the “belief in a beastly physical transformation (which) often produces alterations in posture, voice, and body hair...emotional and physical alienation...severe physiological anxiety and stress...perverse sexual desires that mirror animal behavior. And finally, the condition often results in an obsession with the demonic and an interest in Satanism” (Miller). While the last symptom may seem extreme, it must be remembered that this type of mental illness exists, but is rare today. This belief only demonstrates how the older influence of werewolf folklore, whose origins are planted in the medieval period where the devil was prominent in this superstition, are intertwining with current knowledge and beliefs about humans and mental illness. There is a clear confusion for the person affected by lycanthropy about where the lines of reality and fiction in werewolf tales are. The

psychological aspects of lycanthropy are the fuel for older legends and mythology throughout many different cultures in history and the inspiration for the frighteningly misunderstood creatures we see in horror films, literature, and other media today.

Witch trials were the most notable of this time period, since “women were especially subject to accusations of witchcraft, and although accused werewolves were often men, werewolf trials were by-products of the greater frenzy against ‘magic,’ a term often used to mean simply cultural deviance or nonconformity” (Robisch 230). While a man generally needed to initiate some amount of violence to be accused of being a werewolf, a woman simply needed to show intelligence, dress differently, or have interests in things that were not considered “lady-like” to have fingers pointed towards witchcraft. People believed “a werewolf was, in its human form, a witch who had acquired the means of transforming into a wolf (a girdle, a witches’ ointment or a wolf’s skin) through a pact with the devil” (Metzger 347), which led to women being accused of being werewolves as well, under the guise of witches, since they were rumored to have shapeshifting abilities and animal familiars that did their bidding. Medical physicians were in attendance at werewolf trials to examine the culprits, but “the medical experts involved here were by no means exclusively university-educated doctors, but rather represented the entire spectrum of early modern medical practitioners” (Metzger). They often believed in as much superstition as any local and though they did examine the patient’s sanity, they also examined them for possession and witch or beast markings. Even in the male-dominated lore of the werewolf, women were still accused using any connection possible to demonize them for breaking away from their traditional “positions” in society or showing some advancement over men.

Although accused werewolves were routinely condemned, several historical and literary references to wolves were used to teach lessons and aid in cultural depictions. In Germany, “wolf legends grew partly out of, partly adjacent to, the Norse mythology” where they were used as a battle technique and “the wolf skin for battle becomes a wolf girdle” (Robisch 226) in order to trick their enemies into thinking they were going to be attacked by a wild animal, or that the warriors themselves could change into wolves. In Greek mythology, King Lycaon tries to outwit the god, Zeus, by feeding him the flesh of his own son as an offering, instead of the meat from his best cattle. Zeus saw through his scam and “his clothes changed into bristling hairs, his arms to legs, and he became a wolf” (Lawrence) as punishment to match his actions as a man to that of the beast, assumed to only be out for the kill. The story does make note that “though he was a wolf, he retained some traces of his original shape” (Lawrence), suggesting the king did become a werewolf, not only turning into a wolf, and the importance of remembering humanity still existed in such monsters and as far back as ancient Greece. Then in the Bible, King Nebuchadnezzar has a dream of becoming a beast, which “the same hour was the thing fulfilled upon Nebuchadnezzar: and he was driven from men, and did eat grass as oxen, and his body was wet with the dew of heaven, till his hairs were grown like eagles' feathers, and his nails like birds' claws” (Daniel 4:33). He regains his manly form later, mimicking a familiar werewolf transformation. Religion and superstition were held equally important and “the borders between medicine, natural magic and demonology were blurred, and their epistemological and argumentative processes similar” (Metzger), so while these stories were less literal and more for teaching lessons, strong beliefs invested them with a realism, which helped the ideas stay ingrained in each following generation.

Ancient cultures not only connected the werewolf to moral aberration, but to mental illness. We can see this most clearly in the association between the werewolf and the moon. Werewolves are most commonly known to transform under a full moon. The moon has mystified cultures throughout time leading humans to question whether the moon's power and influence on earth affects our very human nature. The superstitious theory that the full moon causes people to act out of the norm in its presence has become such a widespread belief that those in the scientific and psychiatric fields have actually done studies to test its validity. They have yet to find concrete evidence linking the two, but thoughts on the theory are still split, even among fields known for valuing fact over belief in research.

So while the connection between this werewolf myth and mental illness remains fuzzy, the very belief and unresolved argument that the full moon affects us in strange ways aids in proving how myths affect human mentality. The farther a myth stretches, the more likely it is to eventually be construed as fact, leading to assumptions and stigmas about the underlying truth. Our belief in myth can become strong enough to physically invoke a change in us, just like in lycanthropic patients.

The connection between the moon and the wolf is not so farfetched though. While in fiction the presence of the full moon is most often what triggers a werewolf's transformation, the moon is also seen "as the archetypal symbol of change, has a logical connection with the profound alteration inherent in the man-to-wild beast transformation" (Lawrence). The lunar cycle also acts as a "powerful feminine archetype, largely because of its profound links with the female bodily cycle of menstruation," or depict the "inevitable cycle of monthly transformation" as a process which the werewolf is cursed to endure" (Metzger), both of which go through stages

building up to their full presence on a monthly basis with a connection to nature and the female body. As actual wolves are nocturnal and known to be one of the superior hunters of the animal kingdom, their connection to the moon is apparent and “in many traditions there is an association between the moon and a female deity concerned with hunting. The classic example of this association is the Graeco-Roman figure of Artemis, or Diana, called “the mistress of animals” (Lawrence). These goddesses were known to have the power to change people into animals, which reveals how they could be connected to the werewolf mythos and yet another reason werewolves are equally represented as female, which should have a stronger, more positive reflection in pop culture today.

A direct connection can be drawn between werewolf folklore and the animalization of the “insane” by tracing the treatment of the mentally ill through Medieval and Victorian Europe. Before official institutions were built in the Middle Ages to house those with mental illness or those who were considered unfit to live in normal society, it was the family’s responsibility to look after them. They fulfilled these obligations by keeping the ill family member in animal cages or locked up in a hidden part of the house, so they could not be found even when company was visiting. They wanted to make it appear as if the ill family member didn’t even exist. The disassociation and mistreatment of people with mental illness in the Middle Ages was fueled by societal views that “insanity was deeply shameful to a family, on account of its overtones of diabolical possession or of bad stock” (Porter 90). The ease with which these beliefs could be shifted by fiction is a reminder of just how strong the tie between folklore and reality can become.

Institutions and asylums were not constructed until the Middle Ages, coinciding with the werewolf lore and trials of the time period. They were not even originally built for the practice of psychology, but simply as a cage to hold all of the mad townspeople. Mental illness was known as a “trade in lunacy” (Porter 95) because they wanted to check in as many patients as possible and keep them there for the longest they were able in order to make a profit. Common people and physicians alike “assumed that the mad were like wild beasts, requiring brutal taming, and stock therapies and drugs had been used time out of mind: physical restraint, bloodletting, purges, and vomits” (Porter 100) which were treatments meant to rid the patients of the supposed evil within them, much like the exorcism of demons and monstrous beings in humans. Even with places to *safely* hold and hide your crazy loved one, England did not require people who stayed there or those who checked them in to have legal licensing until 1774. Mental illness was treated like a prison or death sentence because “for the individual named insane, it was sanity that became all but impossible to prove” (Appignanesi 86). The lack of care and acknowledgment of mental illness as a medical condition, not supernatural, was the culprit and once claimed insane, that was basically a life sentence. The limited knowledge of disorders and treatments for doctors of the time made it hard to diagnose specific illness, so it was easier and socially acceptable to generalize mental illness as a whole and the “law might want insanity named, attested to, and the person committed, since it had a duty to protect society from danger” (Appignanesi 86), which is exactly what they thought it was. The embarrassment of having mental illness known in your family, as well as the fear of it affecting their status and how they are viewed by others influenced this lack of security so it was not as easy to connect patients with them. It was the same case with having medical supervision for the patients, which was not required until even

later in the 1820's, further proving how these institutions were not built with the care of people living with mental illness in mind, but as a way to further distance them from the rest of the supposedly normal human beings who felt they were a threat. The best option was to get rid of them, to create "an otherness that exceeds sexual difference, that encompasses concerns about moral genetics, or the ability to pass on an inherent ethical capacity or incapacity to one's offspring" (Frangos 12), and pretend both they and their illness didn't exist.

Victorian Era

When typing "female monsters" into a search engine, some of the top results include the word "sexiest" in front of it and lists objectifying the hotness of the female monster with brief mention of her monstrous qualities on the side(although a few hold her appearance and monstrous actions equally sexy, which is another psychological issue altogether for those admissions). This example has less to do with the portrayal of increased sexuality and the shift in morals that are assumed with each generation, and more with the stereotypes we have been conditioned by in the past. It wasn't until the Victorian Era that mention of women also becoming wolf-like monsters started to appear in literature, which coincided with a rise in sexual content in stories in this time where "terrifying monsters are charged with hidden meaning and significance and can be interpreted as sexual allegories" (Frost). Female expression of sexuality was taboo in the Victorian Era so "authors from this era were generally unable to deal openly with the subject especially anything connected with the sadistic side of the sexual instinct and were obliged to use symbolism to circumvent this constraint" (Frost). Recognizable traits of bipolar disorder can be

“easy arousability” (Ch. 6, p165), and though intensified sexuality is in the high range of bipolar, most forms of normal sexuality, especially in women, were seen as corrupt and could be claimed as a symptom of mental illness in this time period.

In 1896, Clemence Housmann wrote *The Werewolf*, the first werewolf story written by a woman and interestingly makes the werewolf character a woman whose sexuality is incredibly threatening. The story involves a woman called White Fell who is “tall and very fair. The fashion of her dress was strange, half masculine, yet not unwomanly” (Housmann). She wears a white fur robe and the masculinity in her beauty refers to her animalistic nature because she ends up being an actual wolf. Her description balances her gender with the image of having more power than a stereotypical female. Her ability of seduction is her main influence against the brothers, Christian and Sweyn, which was “translated into terms of violence and bloodshed, which led to the werewolf’s brutal methods of predation being equated with an aggressive, self-indulgent form of sexual gratification” (Frost). Sweyn, becomes infatuated with White Fell, while Christian, can see the beast within her. He tries to warn Sweyn away from her, but his brother’s lust and envy is too strong.

As a female author, Housmann progressively puts herself in a career field and horror genre that both used to be dominated by men, and writing White Fell as the werewolf creates a fresh take on the lore of the monster while giving the female lead power and strength. This progression also takes a few steps back though, since the message ends up being about brotherly love and sacrifice, but in the name of protection against monstrous and lustful women. Christian saves Sweyn from White Fell, but is killed himself when he fights against her in wolf form. They are both fighting to claim Sweyn and after White Fell attacks Christian they both end up killing each

other. After his death, Christian is described “as Christ, and had suffered and died to save him from his sins” (Housmann). By contrast, Housmann further dehumanizes White Fell by referring to her as “the Thing” (Housmann). The sins refer to those Sweyn committed through his romantic actions towards White Fell. As Housmann was an activist in the women’s suffrage movement, it is hard to believe her story wasn’t meant to be progressive in thought, even if certain details, like the ending and using violence to replace sex, suggest she inserted them subtly to coincide with societal pressures so it could still pass to the public.

Housmann’s *The Werewolf* also reflects and responds to the treatment of women in mental institutions in the 1800s. Though the psychiatric field has come a long way in patient care, there is no denying the general mistreatment of early mental patients of all genders, but it took a turn and singled out women when mental illness “was becoming feminized and tamed, no longer wild, ravenous and dangerous, but pathetic” (Appignanesi 43). Women were believed to be the weaker sex, as irrationality was attributed to them and Reason to men. This unreason was something they shared with animals or, “the brutes.” Descartes, for instance, believed “not only that the brutes have less Reason than man, but that they have none at all.” The Victorians explicitly extended this animality to mentally ill women by arguing that “the condition was caused by an excess of animal spirits which travelled the brain through nerves to various body parts” (Appignanesi 375). Intelligence and behavior straying from submission, such as wanting equal rights with men, could also be used as a case of insanity since, for women, “the energy needs of bodily change at puberty, would become deranged with the double effort of mental work and the kind of competition on which young men thrived” (Appignanesi 109). They also believed an abundance of intelligence would cause their reproductive systems to stop working.

Doctors proved themselves wrong by monsterizing women through the “crazy female” persona, the idea that “outward defects and deformities are the visible signs of inward and invisible faults which will have their influence in breeding” (Appignanesi 98), which is still a societally acceptable joke used in media today to warn men against being with “crazy women”, though it seems to hold some actual belief by generalizing mental illness in all women. Doctors found that female patients shared equal behaviors with male patients, except for some areas of sexuality which became the target.

The tough conditions of being a woman were often ignored or laughed at, so any stressful outbursts were seen as hysterics and took their husbands and other folks completely off guard, thinking there must be something wrong with their minds. Coming from someone who deals with mental illness herself, I am not trying to say it is a fabrication of society used to put women down. Mental illness was often caused by the neglect of past societal oppression towards regular aspects of women’s lives, which were not dependently affected by these illnesses. The same factors that cause men to have mental disorders can create them in women, but there are different ways they affect them as well. The different aspects that affect women are usually the traits seen as improper or wrong though. A scary side effect was that women who were mistakenly put away when they didn’t actually have a mental illness, could develop these illnesses or levels of neurosis while inside the asylums from the unfair conditions within, which prevented them from ever proving what had been done to them. The depending factors about mental illness were quite hypocritical and seemed to be applied along with whatever society needed women to be at that point of time, shifting with societal ideas. There only appeared to be more female mental patients than men because men “exceeding the demands of masculinity and deviating from the norm,

were more likely to be branded ‘sociopathic’ or criminal. Stereotypical assumptions about the sexes therefore made it inevitable that women would exhibit more symptoms of mental illness and be more often hospitalized” (Appignanesi 371).

Even with female sexuality being seen as a threat, it was also considered another weakness. A deeper stigma about female patients, within the stigma about mental illness in general, was formed, claiming that women were “more vulnerable to insanity than men because the instability of their reproductive systems interfered with their sexual, emotional, and rational control” (Appignanesi 80). The focus on female madness became based around the body, so besides depression, bipolar, and the like, a woman’s natural, healthy bodily processes “including menses at puberty, then pregnancy and lactation, then menopause” (Appignanesi 43) and masturbation were considered mental illnesses if there was a change in behavior. Society tried to “transform women’s place in the domestic sphere into a biological inevitability from which deviation of any kind would bring breakdown, not only of the mind but of the species” (Appignanesi 106), yet the duties of this domestic persona, mainly childbearing was then counted as a form of insanity. Though sexuality was what unfairly put away many women, it did not prevent the sexual abuse of women, which actually worsened in asylums where “accounts of rape and sexual assault, sometimes occasioned by a woman keeper who is out to gain” (Appignanesi 46), whether it be monetary or other profit, occurred. The funny thing is that the cause always linked “women’s madness in one way or another to their sexual relationships to men” (Appignanesi 44). Men were not held to this standard of being mentally unstable for natural sexual desires unless they reached abnormal levels of obsessive behavior, yet now women’s sexuality is what they are being exploited for in many forms of media. This

exaggerated, yet restricted sexualization is one of the larger stereotypes seen in female werewolf portrayals in this period that has carried on until modern displays in film.

The idea of therapy, or using institutions to actually help the people they locked up within them came about some time quite after they were built. The Age of Enlightenment brought about a switch in thinking by several doctors who realized “if insanity was a mental disorder, it had to be relieved through mental approaches. Physical restraint was at best an irrelevance, at worst a lazy expedient and an irritant. Treatment must penetrate to the psyche” (Porter 105). They wanted to push out the ancient ideas of madness in favor of a more personal and scientific approach, which sought to care for and learn about their patients needs. Their passion and progressive thinking garnered enough support to finally require the opening of public asylums in order to have authorized inspections to make sure they were kept up to code and the patients were being treated properly. Some of the new requirements instated involved separation of men and women, “incurables from curables, the violent from the harmless, the clean from the dirty” for safety and recovery purposes, so those who were closer to recovery were aided by this “ladder of progress established so that the improving could ascend towards discharge” (Porter 116-117).

Mental Health Care in America

While a shift in treatment methods was happening in Europe, asylums were not established in the U.S. until the 19th century. Though they might seem late to the game, progress in the U.S. led to some of the more controversial and more recognizable methods of dealing with mental illness

today. Psychiatrists and psychologists were gaining new publicity for their original approaches to mental illness, which led them to focus more on practicing their ideas, than what was the best care for their patients. In the late 1800's to early 1900's experimentation with inventions and "cures" to aid patients was the thing, so electroshock therapy, prolonged sleep, insulin-induced comas, on-setting seizures, psychosurgery, "lobotomy and leucotomy were enthusiastically taken up in the United States" (Porter 202). These methods were controversial because some psychiatrists claimed they helped mentally ill patients, while others thought they were too brutal and, like institutionalization, "robbed madness of all such empowering features and reduced it to mere negation, an absence of humanity" (Porter 93). This idea has carried on into current views that patients undergoing lobotomies are worse off because, as it is most often portrayed in film, such treatments turned their brains to mush and left them as a shell of the human they were. Animals were also often tested on first with these treatments before humans, demonstrating how animals were viewed as lower beings whose side effects of testing were not cared about for their own sake of life, but for results on patients who were put on the same level as animals just a few centuries before.

Talk therapy was one of the first treatments to respect those living with mental illness rather than punish them or hide them away like monsters. This method of treatment steers away from the surgical and mechanical approaches for a "close person-to-person contact designed to treat the specific delusions or delinquencies of the individual" (Porter 102). Certified therapists trained in the scientific and emotional backgrounds on mental illnesses create a safe space and have a more laid back conversation with patients to discuss what is happening to them in order to work together to reach ideas and plans for positive growth in helping them live with mental

disorders in a healthy way. William Cullen, one of the psychiatrists who agreed with the “talk therapy” approach believed “insanity was a nervous disorder, which arose when there was ‘some inequality in the excitement of the brain,’ and he coined the term ‘neurosis’ to denote any illness consequent upon such a disorder of the nervous system” (Porter 128), but that “unusual and commonly hurried association of ideas,’ leading to ‘false judgement’ and producing ‘disproportionate emotions’ (Porter 128) made it equally a mental, as well as physical, disorder. The idea that mental illness is an inequality, rather than a deformity when referring to the self is a much more truthful and less insulting way of seeing it. It takes away from the representation of people with mental illness being “crazy” or “freaks” who will fly off the handle any moment and describes it as specific episodes of reaction, which happen in smaller sections of ourselves rather than as a whole. Different parts of the mind are triggered by different things in life for each different individual. It is quite an intimate process that takes seemingly small thoughts and exaggerates them in thought and action to both the person experiencing them and those observing.

Before those few brave psychiatrists chose to follow their belief in the unconventional methods, now known as “talk therapy,” that turned mental illness from a trade into personal care, the idea of listening to the mad for a way to help them, was mad in itself. The “noisiest patients were shunted off into the back wards, and all too often those who were shut up were, indeed, ‘shut up’(Porter 158)” physically without anyone to care for their needs so they would not have to hear the racket they believed held no weight. People of those days claim “their call for psychiatry to turn away from listening to the mentally ill did not stem from inhumanity,” but that, because the mad were mad, they thought “the utterances of the insane were but cries of

distress” (Porter 157), not logical, truthful ideas about what they needed to help them. Part of the momentum behind stigma is the unfair assumption that “madness” equals untrustworthy or illogical. It can be frustrating because neither side, those with or without mental illness, is instantly wrong or bad. Claiming someone with a mental illness is lying about how they feel simply because a societal assumption based on misinformation claims they cannot think or function properly is absolutely unfair. On the other hand, a symptom of having bipolar disorder can be fabrication or exaggeration of events, whether this be because they truly believe that is how it happened or that they do not want to be seen poorly for an unfortunate action. It may be hard to identify how many people now believe people with mental illness cannot think for themselves compared to in those in the past, but confronting these false ideas can shape how we change our way of thinking about mental illness today.

Talking about mental illness in a sympathetic and not antagonizing way is the key to earning the trust of someone living with one and giving proper treatment. I have equally experienced someone who, in trying too hard not to say the wrong thing, ended up saying something triggering anyway. If the term “triggering” is unfamiliar, in these cases, it refers to anything that can cause someone with mental illness to fall back into a way of thinking or routine that is harmful to their recovery. They didn’t want to hurt anyone, but it could easily come across this way to the person living with the mental illness if the lines of communication are shut down out of fear or a desire to avoid conflict. It is all about both parties learning to close the communicate gap between them. When the opportunity for discussion about mental illness is given, the decision to keep quiet is still often what is chosen, as if it will go away on its own. This type of discussion is uncomfortable for both those living with it and those outside of it, but it is

important that people fight that urge to hold back how they feel. The idea that the neglect often associated with treatment of the mentally ill was misinterpreted and actually had good intentions gives an interesting perspective, but does not fully excuse that there was mistreatment if true, just as it shouldn't be acceptable today. Mental illness needs to be talked about more openly so that it no longer carries a sense of shame or negativity.

While talk therapy continued to prosper, the 1940's saw a rise in the use of medicine as treatment for mentally ill patients. Medication "made it possible for many patients to leave or avoid the sheltered but numbing environment of the psychiatric hospital" (Porter 205). This was great news because it took away some fear of being automatically hospitalized for having a mental illness, while also demonstrating that there are different levels of severity. While not everyone with mental illness needs to be medicated to live with it, for those whose mental illnesses are so severe that they have difficulty functioning in daily life when at its worst, medication can help them take back control of their lives. It provided a calculated prescription that helped balance out the chemical imbalances in their brain. Of course, medication has its own set of concerns, such as negative side effects or dependency on the drugs, since "by 1980 American physicians were writing ten million prescriptions a year for antidepressants alone" (206). They can have benefits though and continue to be suggested under the right psychiatric evaluations.

Backlash in the media happened as early as the 1950s when "pop culture had created new and even glamorous psychological types like the juvenile delinquent--the slumming modern version of the melancholy poet or Romantic genius. The 'psychiatrization of everything' occurred first in the United States" (199). It made mental illness somewhat edgy and fashionable, but it was not a

real portrayal of mental illness, leaning more towards the romanticized, artistic stereotypes, while shying away from the darker, uglier moments that sometimes must be faced. However, the darker side of mental illness was embraced by the horror genre, who portrayed this side of mental illness while still playing off the fashionable portrayals filmmakers thought would make better stories.

Werewolves in Film and Television

Even as a child, I grew up loving horror and dark fantasy, being exposed to those fantastic 80's and 90's children's films that had those certain imaginative, creepy elements and strangeness to them that are most often removed or censored in the children's films today. I had just as large of a collection of Disney films though, but the "villains" or monstrous characters held just as much, if not more, interest as the "good guys." There was something about the story under the surface and seeing the good person under the monster that always intrigued me and made me want to see the good in people in real life(while of course being rational enough to distinguish between the truly wicked people and the simply misunderstood). *Beauty and the Beast* has always been my favorite, and even amongst the cartoon colors, musical furniture, and happy endings, my younger self could still pick up on all of the horror tropes and mythology, such as the Beast's very nickname because of the hairy curse put on him by a gypsy beggar woman because he was a spoiled brat. The Beast was my first werewolf.

Werewolves have slowly become the unicorns of the horror genre, unappreciated and seldom seen (except to run around buff and shirtless), while even rarer is the portrayal of a female

werewolf, which I find an odd miss on Hollywood's part with all of the jokes about women's personalities when on their periods. While older films have shown werewolves as men who are actual big, hairy beasts, over time we have romanticized the monster, which I actually quite like when it is not overdone. The male monsters are given a soft side and good heart underneath the beast to show that the monster is not all they are. However, it seems that when females are portrayed as monsters, they have to be ugly and terrifying, overly sexualized or cruel. They are not usually given the same sympathies and misunderstood human qualities mixed in as the male werewolves. This stereotype implies that "for the female creature, there is a relation of identity between outside and inside, whereas for the male creature...exterior monstrosity does not betray a deficiency in ethics" (Frangos 7). This implies a belief that the wolf is separate from the man so that his human side can have remorse over any animalistic deeds and not be held guilty as himself. Instead, the beast is to blame. The female werewolf, on the other hand, has the wolf affecting her whole being because they are now one in the same, so she is labelled knowingly bad and held responsible for her actions, which I strongly disagree with.

The werewolf may be considered a classically known monster to most people, but I would rephrase that to mean that the male werewolf is what is known. The majority of people can at least identify some version of The Wolf Man as an example in pop culture, but still struggle to find a substantial amount because "no single classic gave rise to the werewolf image in the way that Mary Shelley's work established Frankenstein and Bram Stoker's novel created Dracula. Rather the contemporary humanwolf has been inspired largely by cinematic representations" (Lawrence). Examples of male representation can easily be found in supernatural films and TV shows featuring werewolves, which often try to shift viewers

emotions to sympathize and view the curse as tragic or give it a positive twist not seen in female werewolf plots. In the remake of *The Wolfman* (2010), the title character is shot by his love, Gwen, and thanks her for it as he turns back into a man upon dying. It sets the scene as tragically romantic, since he was taken over by the wolf without wanting it, showing a separation between man and wolf. He sacrificed himself to save the one he loves from being killed by him and wanted her to kill him.

One of the most iconic werewolf films in pop culture is the 1985 horror comedy *Teen Wolf* starring Michael J. Fox. It completely takes away the terror of the werewolf by making it a metaphor for teenage angst and puberty, which could be argued should be represented as the most horrifying state of life. Michael's character Scott Howard begins as a weak teenager who is bad at sports and lacks a love life, but once his werewolf powers come into their own, he succeeds at basketball, wins the girl, and becomes popular. Not only does he become accepted by his classmates, but accepted by everyone; in fact, "the whole town goes "wolf crazy" in its adulation for his new achievements, making him a hero and wearing tee-shirts marked "wolf buddy" in his honor" (Lawrence). People start liking his wolf self more than his human self, in a plot that is so campy, it almost succeeds in dissipating fear and stereotypes of the beast, for men.

Jack Nicholson was a ringer for playing a werewolf at some point in his career with his eyebrows alone. He also had the earlier experience of playing a mental patient in the 1975 film *One Flew Over the Cuckoo's Nest*, a role that could have prepared him for digging into the psyche of playing a werewolf. In the 1994 film, *Wolf*, he gets his opportunity to growl, run around under a full moon, and beg Michelle Pfeiffer to chain him to a radiator, but it's the pivotal scene with the "Hindu expert on animal possession" (Lawrence) that sets the tone for the film's

werewolf message. Even after killing, Nicholson is told “his wolf spirit is a "gift"; not everyone who is bitten has the talent for such transformation” (Lawrence), forgiving his faults and giving the animal within a positive association. The guideline for his newly acquired “gift” also gives him "power without guilt and love without doubt" (Lawrence), which while he does run into some troubles, is supposed to rid him of the limitations of the traditional curse in a way that lets him be free to gain more power and love on his own terms. The female werewolves in film are given sexual expression, but they are not treated kindly or as natural as the men in these positions. At the end of the film, he learns to control the wolf and keeps his “gift” and, of course, the girl. Finally, the audience gets a glimpse of the reveal that Michelle Pfeiffer’s character has now become a werewolf too, but that is where it ends. I’m curious if Pfeiffer’s transformation would be treated as the same “gift” had the film been extended or a sequel been made, or if she would be lumped in with the rest in the stereotype since Michelle Pfeiffer and her acting roles are often associated with their own allure.

While I hate picking on Joss Whedon, even writers known for being great advocates for strong, female characters, have occasionally given female werewolves a bad rap. In the television series, *Buffy the Vampire Slayer*’s, early days before Willow discovered she was gay, she had a werewolf boyfriend named Oz. In the Season 4 episode, “Wild at Heart,” Oz becomes seduced by another female werewolf, named Veruca, he sees playing in a band at The Bronze. This leads him to cheat on Willow with Veruca. While a wrongful act on his part, it is instigated by Veruca, who later tries to attack Willow out of jealousy to make Oz hers and gets killed for her monstrous ways in the end. Oz, on the other hand, packs up and leaves to save Willow from himself in the name of love. His final actions redeem him a bit heroically by making him feel guilty and

protective over her and sorry for his mistakes. There is nothing wrong with giving male werewolves redeeming qualities amongst their chaos. In fact, you could say that is a very human complexity to have. The problem lies in not giving females werewolf characters those same redeeming qualities entwined with their beastly nature.

By contrast with these sympathetic and complex portraits of male werewolves, the sexualization of female werewolves from the Victorian Era continues in the 1981 film adaptation of *The Howling*. The film opens with Karen White, a news journalist, going undercover to catch a serial killer named Eddie who has drawn her out. The plan goes awry when the newsroom loses communication with Karen, leaving her to be harassed by Eddie alone in an adult film store. Though a sexual encounter, the psychological torment for Karen begins here and carries throughout the film. As a way of coping with her traumatic experience, Karen is advised by her psychiatrist, Dr. George Waggoner, to take a holiday at “The Colony” to recover, much like how therapy and in-patient care can be advised for recuperation after certain triggering events that offset bouts of mental illness.

Along with sexuality, a message about sensationalistic media and fear of mental illness can equally be found in *The Howling*. Dr. Waggoner plays a pivotal role in this connection, not because he is simply the man with the psychiatric position, but he is a character who is supposed to be trusted in aiding Karen’s recovery, as we are told in the real world to with our physicians. However, he betrays this trust by working with the werewolves. Dr. Waggoner is never shown physically turning into a werewolf, though it is implied he is not just helping them adapt, but is also one of them when he is shot with a silver bullet and responds with a “thank you,” portraying a powerful, although tragic view in just a few words, that death is the best option to rid the pain

that comes from the curse of being a werewolf, or suffering from mental illness. This view is imitated earlier in the film when another werewolf masked as a patient tries to throw himself in the campfire, saying “I want to end it. It just goes on and on,” referring to the endless cycle of becoming a werewolf, which is also how ongoing bouts of depression and bipolar are described, as endless cycles that never actually go away completely, but can be controlled.

When Karen has trouble focusing on her job after the attack, she goes to see Dr. Waggner. She asks, “okay, doctor, how crazy am I?” which demonstrates early on that even she has it ingrained into her that she should feel that way about what she experienced and that it may not be real. Laughing to brush off the seriousness behind her question, the reaction comes off as more of a nervous tick caused by her feeling that her condition is a joke to the doctor and others outside herself. Other characters throughout the film also continuously tell her she is paranoid about her feelings, until they see for themselves how real they are. The main villain of the film, Eddie Quist, is also bluntly called crazy after revealing himself as a werewolf, but claims he is “so much more than that.” Comparing the victim and villain is a powerful thing because while Quist is the film’s main antagonist, it shows a shift in perspective from how “in earlier decades the audience tended to share the viewpoint of the victim” but around the time *The Howling* was made “it became commonplace for the audience to share the viewpoint of the killer or monster” (Kawin). This aspect is something that could be brought back in today’s horror films with monsters when using the mental illness metaphor to create a more understanding perspective from their viewpoint. It is a common generalization in society that if one person with mental illness commits wrongful actions, everyone with a mental illness must be immoral as well. Quist’s quote holds a lot of weight with this single-minded thinking though, as people with

mental illnesses can sometimes feel consumed by their illness, as if it takes away from their personality and becomes the main component of who the person is. Those who learn of a person they know having a mental illness can also make the same mistake, focusing on the illness and making the assumption that every action and decision the person makes is led by their illness from then on. It is important to distinguish that while a mental illness can affect people's behaviors and lives, it is not solely who they are. They have goals, fears, and skills just like any other person and are still the person they were before knowing about the mental illness.

Listening to the audio recordings and media purposefully placed throughout the film is also a cue to discovering the message being conveyed by the film. When at "The Colony," Dr. Waggner's tape recorder for patient sessions is found and played, where we can hear him talking about lycanthropy. This placement shows that the director, Joe Dante, is aware of the ties between werewolves and mental illness and intends to draw them together in his film. It also begins and ends with the media, introduced with an interview from Dr. Waggner about the animal that exists in humanity and ending with Karen's news report. These are perhaps the two greatest pieces of dialogue in the entire film for conveying a message of learning to live with mental illness and the feelings of going through that. While Karen White's final speech is about how the werewolf curse affects the human living with it, it can equally be seen as a metaphor for how living with mental illness can deny a person their right to feel normal as well. She describes the "battle we must fight, a struggle between what is kind and peaceful in our natures, and what is cruel and violent. That choice is our birthright as human beings and the real gift that differentiates us from the animals. It is as natural to us as the air we breathe, all of us take it for granted. But now for some of us that choice has been taken away." There are ways to live with

mental illness and still function in society. Even if all seems normal on the outside, there is a difference on the inside, but that does not make it evil. The stigma and stereotypes from past societies, which convey mental illness with negativity or as an abnormality, are still seeping into modern portrayals of mental illness, which are then regurgitated through the media for newer generations to continue to believe. By approaching their condition with utmost negativity, people living with mental illnesses are having their right to live as normally as they can taken away.

This negativity can often come from film and television, where mental patients and monsters are one in the same. This continued stigma disproves the idea “that horrors are only media creations instead of noticing that the world does sometimes behave like a horror film and that many of the media's creations are horrific” (Kawin). Media, film, and pop culture have a responsibility to educate, not defame their own society, including those portrayed as minorities, like those with mental illness, but “because the media (as we now have them) trade in the half-truth of commercialized communication, they fail to live up to their potential as a positive social force” (Kawin). They do so by showing these perspectives based on assumptions and misinformed beliefs of the people, which only aids the stigmatization. This metaphor of the fight for humanity and normality when transforming into a werewolf was turned into a positivity, but had to be pulled from a negative portrayal because that is what already existed. Though positive portrayal does exist, the negative often outweighs the positive, which is the same for those living with mental illness, overcome by the struggle because there needs to be more positive influence than has already slowly begun from society.

Karen seems to turn from victim to heroine after discovering the truth about Eddie and The Colony being werewolves by managing to escape, leading us to a false sense of security. In the

final scene, the twist is revealed as Karen sacrifices herself to warn the world by “changing into a wolf on camera and having herself shot by one of Christopher's silver bullets. She cries while she does this, and emerges as a media saint, committed to the last to the communication of truth. The horrified producer (McCarthy) cuts to a dog food commercial, and Dante cuts to snatches of audience reaction: a man looking at the TV Guide to find out what category of program this is; two kids who believe what they see; the bookseller shaking his head; and a barroom where one man accepts, without getting worried about it, that her transformation and death were real, while others dismiss the whole thing as "special effects"” (Kawin). Karen begins as a victim of sexual abuse, by an abuser who turns out to be a werewolf himself, but ends as the very monster she was abused by, showing how she was not able to escape completely from their grasp. The varied reactions of the viewers who watch outside of the actual experience reflect the attitudes towards superstition, mythology, and horror films, while also paralleling the belief versus skepticism towards mental illness.

With the monsters overrunning the very place she was supposed to find sanctuary, *The Howling*, plays on this theme in horror of evil medical institutions that take their methods from those that first came about in the middle ages. Rarely are these institutions the saviors of characters in the genre, and even when they are not villainous, there still has to be an element of distrust, fear, and illusion of mistreatment in modern portrayals. This relates to the feeling of people with mental illness who may want to seek help, but are confused by the stigmatized envisioning given by their peers who may be basing their ideas on the media, not actual psychiatric advice. Though I am not denying there have been cases of mistreatment in modern times in such facilities, the majority is nowhere near the conditions and treatment of long ago. A

portrayal of monstrous beings within a place that is supposed to help and the anxiety of becoming those monsters are brought to life in this film, purposely making the fear true to frighten viewers.

A shift towards therapeutic aid and faith in the science of the “psychological and the psychiatric replaced Christianity and humanism as the ways of making sense of self--to oneself, one’s peers, and the authorities. Yet public confidence in the psychiatric profession is low, as is evident from the ubiquitously distrustful images in the arts and reports in the popular press” (Porter 217-218) of fictionalized villainy often created in film characters. While I’m not ignoring the accounts of psychiatric workers who have taken advantage of patients in the past, where “patients could well find themselves the victims of a doctor’s prejudice about what kind of behavior constituted sanity” (Appignanesi 85), or how bipolar is one of the hardest illnesses to diagnose, leading to a small fraction of misdiagnosis, these instances are not the majority. They do however make for better fictional drama, as if the psychological, physical, and emotion turmoil of battling one’s mental illness is not dramatic enough. This trust is of even more importance when you consider that “one in four adults—approximately 61.5 million Americans—experiences mental illness in a given year. One in 17—about 13.6 million—live with a serious mental illness such as schizophrenia, major depression or bipolar disorder” (NAMI). When first experiencing signs of mental illness, there is anxiety in feeling something is “wrong” or “off” about you that goes back to the fear of not knowing what that something is. This cloud is carried with them and affects every part of their lives, yet they can’t identify it because they may not have the information. Evil doctors are a trope used so often, that sometimes they come off as absurdly comical from the level of diabolical energy put into their portrayal. People have to trust

that a doctor who is trained in the psychiatric field will diagnose them correctly and help them learn to live with their condition, not let it live for them.

When I was first diagnosed, it was suggested I see a therapist for some help. I used to make a joke about how if I ever went to therapy, I would counterproductively try to make the therapist feel like they were crazy instead. While it was all in dark humour, it revealed my own fear of seeking help for my mental illness. Back then, even I was afraid of opening up about my depression and social anxiety because it meant admitting that I had a mental illness, that something might be “wrong” with me. I let the very stigma I’m fighting against now get the better of me and listened to societal rumours spreading the idea that having a mental illness instantly made you a bad person or someone who couldn’t have what was considered normal life. The first therapist I went to wasn’t a good fit. She specialized in child therapy, and even as a teenager, my struggles were much more adult. Instead of finding out what I really needed to work out, she choose the first stressor that came out of my mouth and fixated on that same single thing every time I went to see her. While I recognized the need for a different therapist to match my needs, she was still a nice woman, and simply getting the chance to express my feelings and concerns to someone who would openly listen without fear of judgement gave me relief from the pain of holding it in.

After *The Howling* opened a way to explore women’s mental illness and treatment through werewolves, later films explored this condition for their own purposes, such as criticizing Hollywood portrayals of female werewolves and mental illness. In the film *Ginger Snaps*, directed by John Fawcett in 2000, the werewolf transformation is used a metaphor for puberty, which has been seen before in films like *Teen Wolf*, where the lead character is male, but not as directly with females. The film expands on this idea with an almost parodic response that is more

mature by using “the werewolf as a metaphor not just for the horrors of puberty but also for the limits placed on female sexual subjectivity” (Miller 281), showing one side of the growth in film with its heavy influence from modern stereotypes that match up with those back in the 19th century. Ginger and Brigitte Fitzgerald are two sisters who stick together in their rebellion against the “mindless little breeders” of their generation, until older sister Ginger is attacked by a werewolf who “lacks the romanticized appeal of many filmic male werewolves, the ‘anguished and tragic Wolf Man torn between his human and lupine urges’ (du Courdray 2003:58)” (Miller 284), thus beginning her transformation and separation from her sister. The closer she gets to a complete werewolf transformation, the more sexualized and powerful she also becomes. Ginger goes from being the “weird chick” who purposely wears baggy, dark clothes to hide her body to wearing more provocative clothing and having all the boys want her. The distance created between the siblings by their mixed views on werewolves and the change in Ginger exemplifies the disconnect caused by misunderstanding that can easily go beyond pubescent fears and be applied to a change in mentality. The intensity of Ginger’s change can be related to a person with bipolar or depression, as the curse causes a drastic shift in mood and personality at times, being harder to control alone the stronger it becomes. Both sisters are again “othered” from the rest of the females in the film, and while still identified as females, the curse creates a divide between them through Ginger’s new overt sexuality, which can represent a symptom of the illness and a stereotype of female werewolf portrayal. This sexuality is not seen in Bridgette, as she is not the one with the curse in the first film, but she is still “othered” by her connection to Ginger and the judgement of their peers. The girl’s obsession with death can also be a bit of a red flag for depression, and while the film focuses on Ginger’s monsterization, it should not come as a

surprise when we discover Bridgette becomes a werewolf in the end of the first film, which connects to the findings that mental illness can be hereditary.

The sequel, *Ginger Snaps 2: Unleashed* (2004), further compares these conflicting views, this time following Brigitte, now dealing with the curse herself as she is institutionalized for claiming to be a werewolf. This time, the film directly draws attention to the existence of correlation between fiction and reality in werewolf stories by playing on the real mental illness of Lycanthropy with the joke being that Bridgette doesn't just think she is a werewolf, but really is. The main difference in the way Brigitte handles the wolf inside her is that "unlike Ginger, she always experiences her wolfish nature and her human nature as conflictual and separate" (Miller 296), while Ginger embraces the wolf and human meshing together as one self. They both begin as characters that "actively challenge Hollywood's stronghold on contemporary conceptions of the werewolf. In fact, Ginger refuses to believe that she is transforming into a werewolf in large part because her story fails to match up with what other Hollywood werewolf narratives have taught her" (Miller 286). Then, Ginger becomes these very portrayals and gives in to the curse as a statement that these Hollywood ideals of females in horror and the perception of the "crazy" and monstrous female are being kept alive by the industry.

Though these films and television shows each approach the werewolf lore with a different tone, their portrayals of the female werewolf are all that of the overtly sexualized and unstable woman. Some of these types of films do so in order to point out and mock the stereotypes, but this doesn't pull away from acknowledging that they prominently exist in our society. There has recently been a slight turn in this though, with the release of films, often retellings, of female monsters and villains who are given a new spin on their story to reveal a softer side, such as

Maleficent and *"Låt den Rätte Komma In"* (*Let the Right One In*). Hopefully this shows a recognition for the need to equalize the portrayal of women and monsters, but won't become overused so quickly that it becomes a "fad" in film and literature that is no longer taken seriously.

Werewolves vs Bipolar Disorder and Depression

The symptoms of becoming a werewolf in fiction, some of which are pulled directly from lycanthropy, share many characteristics relatable to depression and bipolar disorder, also known as manic depression. The easiest comparison between being bipolar and being a werewolf comes from how the word "lycanthrope has a twin meaning, a double persona" (Robisch 208). The two shared selves of human and wolf parallel the experience of people with bipolar disorder who experience shifts in mood from euphoric or highly aggressive to depressed states, in between there still existing normality. Many people who are unfamiliar with bipolar disorder mistakenly think that there is no sense of normality experienced and these moods continually shift back and forth between extremes. This reinforces the stigma that mental illness makes people "crazy" because they cannot control their emotions or actions when this is not the reality. People with mental illness absolutely are their own self, but at times their brains just think differently than those without a mental illness, and they must find individual ways to deal with their exaggerated thoughts and emotions. When their elevated mood leans towards the euphoric, it can actually have a positive and stimulating effect, where the person uses "increased rate of thinking, has surges of energy, and describes him- or herself as feeling more active, creative, intelligent, and

sexual than he or she ever thought possible. The need for sleep diminishes as one idea after another bursts into consciousness” (Papolos, 5). These periods can lead to great achievements, and many artists, actors, musicians, and inventors among others live with bipolar or depression and have their greatest creative breakthroughs during their euphoria. But why would we try to see a positive in such a condition in order to instill hope and value in those living with it, when we can entertain ourselves with the drama and destruction that comes from judgement and misunderstanding towards them?

The other side of a person going through the “‘highs’ of manic-depression may make reckless decisions, go on buying sprees, commit sexual indiscretions, or bring financial ruin upon self and family. Hyper-sexuality and aggression are the two dominant traits associated with werewolves, which are also escalated when they are at their most powerful state of transformation, or the ‘high’ of being a werewolf. The mood of someone in a manic state is brittle and irritable; it may shift back and forth quickly, and the person may become very paranoid. If the hypomania escalates into a full-blown mania, the person can lose all touch with reality and become psychotic”(Papolos, 5). In this paranoid and agitated state, the sufferers can experience incredible frustration toward themselves or others who fail to understand what they are experiencing. This frustration can even extend into aggression. Since this exaggerated state is not their choice or their “norm,” it parallels “the world of the involuntary or "innocent" werewolf”, who is bitten against their will, because when becoming a werewolf “at night he becomes a creature of blind, animal savagery, unable to stop himself from attacking even those he loves the most” (Frost). People experiencing bipolar disorder, while certainly not a savage animal, may lash out in anger even at close friends and loved ones they are close with, although it is not their intention and

instead an effect of the intensity of their mania. This is the side of the “highs” of bipolar disorder that is most often portrayed in the media. While these symptoms are also important to acknowledge, the one-sided view can be misleading to those unfamiliar with bipolar or depression, even if it seems like a great source for horror films to pull from.

Depression is considered the “lows” of bipolar disorder, though it can stand alone as its own mental illness without the mania included. For those who experience depression, their “mind slows down to such a degree that any decision seems almost impossible to make. Some depressed people will experience insomnia and early-morning awakening; others will begin to sleep excessively and yet never feel rested. Another symptom of depression can be feeling “bodily pains such as headaches, backaches, and stomach problems” (Papolos 6), showing how although considered a mental illness, the pain can manifest just as palpably as a physical injury. Depressive episodes may be better at conveying sympathy for monsters by demonstrating that they retain human emotion, that they are filled with melancholy reflection, whether it be of regrettable past events, hypothetical failed expectations for the future, or negative self reflection. The tortured soul aspect of monsters like werewolves is often what is romanticized in pop culture and helps make the character more attractive to others on the outside who feel it makes them sensitive because they are emotional, but the reality of depression is much more painful than romantic, as “some adult patients will feel inordinate amounts of guilt; some will feel irritable, anxious, and hopeless. Depressed patients may feel they deserve only punishment and can become fixed on all the small mistakes they have made in their lives--losing any sense of past accomplishments. In the depths of depression, a person’s thinking can become delusional and psychotic” (Papolos 6). They place blame on themselves for things they cannot always control

because of the negative place their brain dwells which has trouble lifting itself out of that way of thinking when the constant negativity of stigma makes them afraid to reach out and look for the positive within themselves and life, so they can end up feeling they are not worth it.

People with depression generally do not like feeling the way they do or the typical actions associated with it that are out of character with their normal personality. Just like when a werewolf returns to their human form, they must reflect on what they did when they were in werewolf form, where they are “driven to utter desperation by contemplating the horror of his position, suffering the tortures of the damned as he recalls the atrocities he has committed. Weighed down by his terrible affliction, the reluctant werewolf becomes increasingly depressed and withdrawn; he longs to be slain and know the bliss of release from a predicament that has totally alienated him from all human standards of decency and morality. His one hope of salvation is that death will eventually come to him at the hands of a loved one, for then his soul may yet be saved” (Frost). A werewolf’s desperation to be rid of the monster within them to end their own suffering as well as the suffering they feel they are personally causing around them is unfortunately also similar to the mentality of severe cases of depression when a person may contemplate suicide to rid themselves of their depression. This is just one crucial reason why people need to pay more attention to the mental illness field and those living with it because “suicide is the tenth leading cause of death in the U.S. (more common than homicide) and the third leading cause of death for ages 15 to 24 years. More than 90 percent of those who die by suicide had one or more mental disorders” (NAMI). If ignored, someone’s life could be at stake, which is why those claiming that mental illness is not as serious as a disease like cancer or a

broken spine, should take a closer, more personal, and caring look at those suffering before someone they know is lost due to neglect or disbelief, either from ignorance or misinformation.

The most familiar method of being turned into a werewolf is being bitten by one, and while this is obviously not the case with mental illness, many people react to mental illness irrationally as if it is a contagious disease that can rub off and affect others. Many fictional werewolf stories and myths do allow for werewolf parents to pass down the condition to their kin though. The same case can occur with depression and bipolar disorder, as “rarely does a person speak of only one family member with depression or manic-depression. More often two or more relatives are affected, as these illnesses tend to run in families. That these illnesses are passed down through the generations was recognized long before we understood the nature of genes and the genetic code” (Papolos 153).

Depression and bipolar have been diagnosed in several members of my family on both sides, so while it was most likely always bound to affect me at some point in life, it wasn't until I was a teenager and went through a pretty rough experience that I had my first onset of an intense depressive episode. Since then, I have learned to deal with ongoing cycles of the illness into my adult years. These illnesses have been shown to be triggered by both genetic and environmental influences. A human can either have the genetic seed of a mental health condition already inside them and/or be triggered by an external influence. These same influences can be found in werewolves, who can be equally triggered either by being born with the beast already within or by a physical attack on it's humanity in the realm of fiction.

Fear and Knowledge

I conducted a survey with a sample size of 30 random people to gather research about a possible correlation between the fear of monsters and their degree of knowledge about mental illness. In an attempt to not ask leading questions, I generalized the main questions to address the fear of monsters, instead of specifying werewolves as my focus so I could see how the werewolf factored into these fears naturally. I predicted there would be a difference between the older and younger generations fears. My hypothesis was that the older generation would have more of a fear with classic monsters, such as vampires, werewolves, and ghosts, as well as realistic monsters, like bugs or serial killers, while the younger generation would fear more realistic and futuristic monsters, like technology and aliens. I was also very curious as to whether gender played a factor in what people consider monsters, as in if males found female monsters more frightening and vice versa. In this interest, I asked a follow-up question if the respondent thought female monsters were more frightening to test if their answer changed when the gender was feminized. I transitioned the general questions to one about the overall attitude towards werewolves followed by questions about their level of knowledge on mental illness. My hope was to find patterns in their fear of monsters that correlates to how much knowledge they have about mental illness. The final question specified their knowledge as it pertains to bipolar disorder or depression to connect this knowledge to any fear of werewolves.

After collecting the data, I found that younger age ranges from 18 to 34 fear what would be considered more classic monsters about as equally as the older age ranges of 36-64 or older (though no respondent marked they were above the age of 64). While this went against my

original hypothesis, the only answers involving futuristic fears were only found in the younger age group. Realistic fears in the older age range exceeded those in the younger range by far, which backed up my thoughts that an increase in age decreases the fear of fictionalized monsters, while also matching up with the film monsters of serial killers and giant snakes and spiders of the time that younger generations have become desensitized to and are not as commonly used now. I was also surprised to find that the only religious response of fear came from the younger age range as well, which I would have predicted to come from the older generations, since religious fears seem heavily tied to the past. Answers from the younger age range also were the only ones to give the name of a monster from a specific film or television show in pop culture as their most feared, showing that they are influenced more by media when experiencing monsters and triggering fears.

The werewolf did come up on its own from both male and female respondents in younger and older generations with reasons for fear including “the losing of yourself in both body and mind,” the painful transformation of “humans turning into beasts,” that wolves or monsters are “able to hide amongst us,” and harming those you care for. A recurring theme of this fear of losing control was found throughout the results that reached beyond werewolves. One respondent even answered the devil was most frightening for the exact same reason another said werewolves were, which actually makes sense because of the history and connection to folklore between werewolves and the devil previously mentioned. A fear of the unknown and of beings whose “assumed abilities are far beyond that of a human” were also a theme in respondent’s fears.

The overall feeling towards werewolves was a close tie between tragic, frightening and comical. Against my predictions, the majority of those in the older age categories found

werewolves to be comical with tragic following in close second with the rest of the answers. It turned out the frightened opinions on werewolves came entirely from younger respondents.

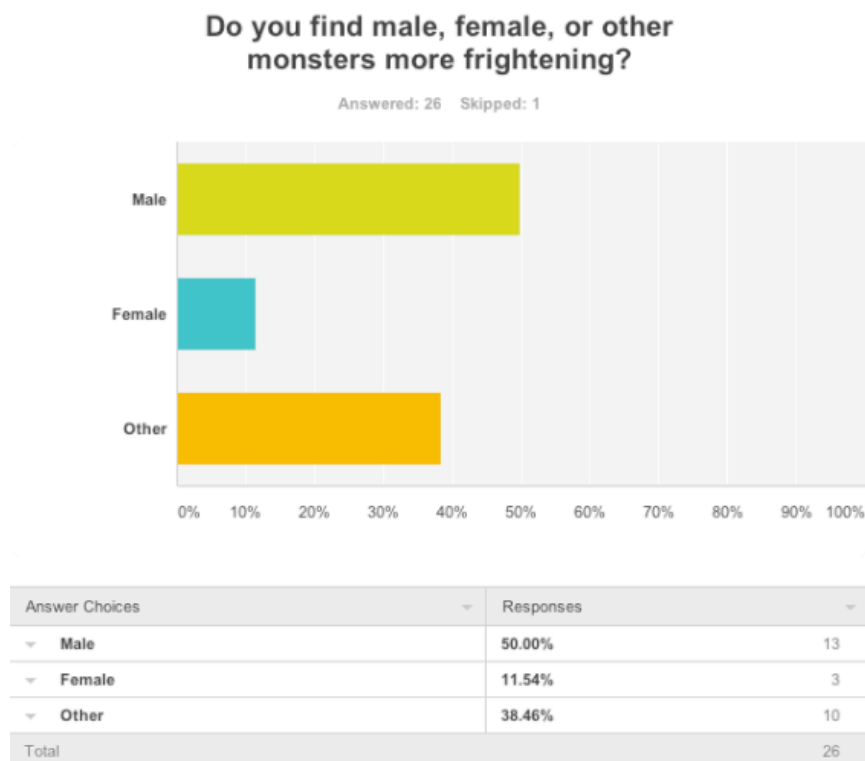
While opinions of werewolves being sexy were low, the respondents who did feel this way were both female, as expected since the younger generation popularized the niche of romanticized monsters. There was one male though who acknowledged their “certain 'allure', the power and animalistic nature of them, while scary, is also intriguing and appeals to our baser instincts.”

Of those who had fears of werewolves, the majority claimed a medium range of knowledge about mental illness, which included both bipolar disorder and depression. While several had knowledge of only depression, no one knew only about bipolar, which makes sense since even surface knowledge of bipolar most likely involved the highs and lows, which depression is enveloped into. Out of the couple of respondents claiming to have expert knowledge, the male knew about both depression and bipolar and thought werewolves were tragic while the female knew only of depression and found werewolves to be sexy. This leads me to assume they have been immersed deeper in an environment involving mental illness, either working as psychiatrists, though the younger age range of the male makes me believe otherwise, or more likely that they are dealing with a form of mental illness themselves or with a loved one.

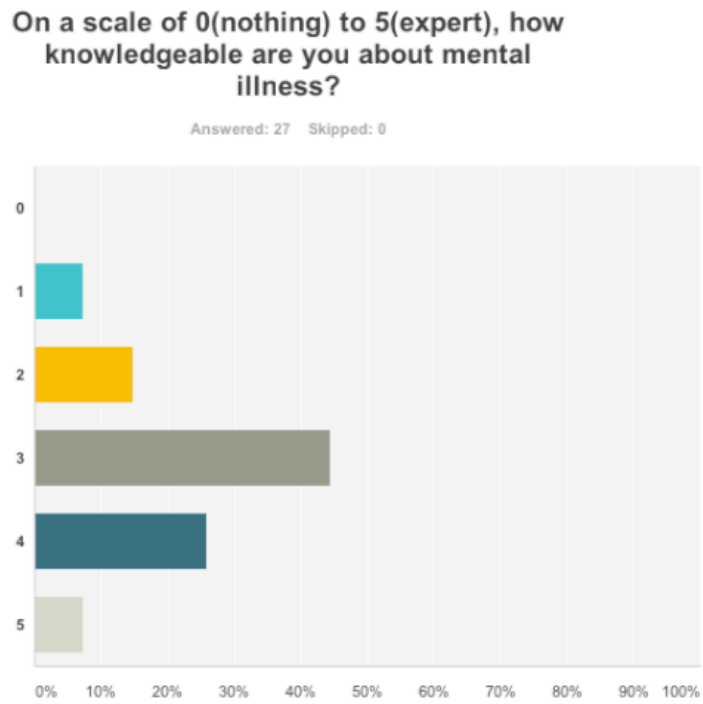
Respondents who feared werewolves came from both genders and did tend to have a lower level of knowledge about bipolar and mental illness in general than those with higher knowledge. The respondents with higher knowledge were mostly female, who studies have shown are “twice as likely to experience depression” (Appignanesi 6) and other mental illnesses, while the male population is still at increasing risk. While more common realistically in females, males were the winners of most frightening gender of fictional monster, with females falling far behind even the

“Other” category, which could have included technology, aliens, or anything else without assignment of gender. This could correlate to the stereotype of men being considered stronger than women, so they could do more damage. This is where the werewolf genre can succeed in making equal portrayal of genders by creating more female werewolves with a more human balance of good and evil instead of leaning towards the negative.

Below is a chart comparing gender fear in monsters to show just how large the gap between male and females was:



Here is also a chart displaying the levels of knowledge respondents said they had about mental illness:



(A complete list of survey questions can be found here: <https://www.surveymonkey.com/s/M6G6LFN>)

Fear and knowledge have always had close ties, but I feel it has created an even more crucial partnership in modern day. Intelligence goes to both extremes in the horror genre, either with the scientist and brainiac characters trying to discover the nature of a monster, such as with Frankenstein's monster, or the dimwitted ones who from first glance think they can outsmart or just plain fight the monster head on, like the majority of horror films. This fear of the beyond and unknown spread across all age ranges and genders in the survey and shares common reasoning

with why people fear mental illness. The feeling that, as one respondent put, “you can't fight it or see it” comes from not being fully aware or in control of the situation. Though mental illness can become physical, it can be hard to detect since it is mostly manifested through thoughts long before they become actions others can see happening. The younger generation has greater and faster access to knowledge and pop culture information, which while it should make it easier to educate themselves on health topics about mental illness, also makes them more susceptible to the fictionalized versions that may mislead them about it in pop culture, especially if they are interested in the horror genre. Though even with this vat of accessible knowledge, society still often views intelligence as a weaker or nerdy trait, yet we are afraid to look stupid by a lack of knowledge so we pretend we have it. If this is related to general knowledge about the psychiatric field or mental illness from the common population outside of it, this is where the problem of self-diagnosis comes in, when we should just admit to not knowing as much about it as we should and open ourselves to learning.

We often fight against our primal fears, needs, and instincts from the earliest days of human life, when carnal and animalistic traits were combined for survival, which brought us closer to animals or wild beasts. The term “beast” is often associated with unintelligence. If something acts upon its wild and primal desires, it must not be intelligent enough to choose to display proper behavior. The combination of animal and human that allows us to return to this nature becomes as freeing as it is frightening. We believe we have come so far from that state, but deep down there are still “bestial instincts lurking beneath our civilized exteriors; and we are occasionally reminded of our brute heritage when the beast lying dormant within us unexpectedly erupts into conscious life, bringing on bouts of lycanthropic madness. Let us also

not forget that the werewolf is the personification of that potential for evil and sin that is so much a part of us all; and we disregard at our peril the seeds of destruction inside us, which are ineradicable” (Frost). When we turn strong emotions into traits that are exiled into a category of disease instead of helping someone who is mentally in pain, as you would someone with a physical wound, it makes them feel devalued by society and lowered beneath human status. Our ability to feel emotion and share empathy towards those in need of help should be what makes up a human. Though too often society belittles emotions and compares them to animal weakness, even when it was once claimed they could not grasp emotion and were placed beneath humans on the chain of life. There are many days when I find animals are truly more intelligent and caring than humans today, but I learn from that and use it to shape how I care and react towards others.

The reaction to run from what we fear may very well go back to the idea of being taught the “fight or flight” method, but you don’t have to be a bombshell being chased in heels to fit the mold. This goes all the way back to our basic fear of the unknown. If we do not understand something or it takes our feelings out of our comfort zone we escape from it and pretend it does not exist. Remember that visual of a child with their hands over their eyes repeating to themselves, “if I can’t see it, it can’t see me.” This mechanism never stops the monster though, does it? It does not keep it from existing. It just puts it off from being in your view a little longer. Much like how not all monsters are evil, having a mental illness does not instantly make you a serial killer or a crazy person. The general public that still believes mental illness is a fluke are continuing a stigma that has been around for centuries. Mental illness has been around just as long, but a variation of the word “crazy” was more likely to be applied, without it being actually

looked into as a condition in order to help those with the label. Many cases connected mental illness to the supernatural before larger sciences came into play, instilling the tie to monsters and the evils of the unknown into people long before now. By keeping the stigma alive and remaining uninformed, they may be hurting someone close to them who has a mental illness but feels they must also hide it or that it does not matter or exist because of what they are being taught.

Asking for help has become another sign of societal weakness, linked to our connection between fear and knowledge, so often those with mental illness lose their voice out of their own fears of others' reactions. It is important to remember that often mental illness is not screaming for help in front of our faces in a literal sense, but those affected could still be struggling to reach out. It's that "their reactions may be driven primarily by natural attempts to safeguard themselves from overstimulation and to protect against persuasive fear of losing control" (Papolos 193), due to stigmatization and because people have not taken the time to learn what to look for and what is best for the person with mental illness, not themselves. As Dr. Waggoner stated in *The Howling*, "repression is the father of neurosis, of self-hatred" and if we shut people with mental illnesses out by denying them proper help and equal communication of their problems, this can lead to self-destruction. Just like in any relationship, communication is more helpful than harmful, even if it is a difficult subject.

Stigmatization or "the creation of spoiled identity- involves projecting onto an individual or group judgements as to what is inferior, repugnant, or disgraceful. It may thus translate disgust into the disgusting and fears into the fearful, first by singling out difference, next by calling it inferiority, and finally by blaming 'victims' for their otherness" (Porter 62), something that

reveals humans as the real monsters for pushing those in need away and limiting progress for humanity. While the monster parallel could be used to better understand the feelings of those dealing with mental illness themselves, “it is a supreme moral duty and medical obligation to respect the insane individual as a person” (Porter 104), not define them as a purely evil monster. Perhaps through the transformation of monster portrayal, we can begin to change the way we see mental illness as well.

The horror genre is meant to invoke fear, that is why we like it. There is a thrill about the suspense that leads up to either a jolt of exciting scares or a lingering chill that makes you think deeper about humanity. I admit I like to be scared, but in horror films the scare has an ending point, even if you’re still thinking about it in the middle of the night or it comes to memory years later, you don’t have to live with it because it is fictional. Mental illness is very real, very present, and people living with it cannot press an off button or cover their eyes from it if they become too scared. They will still be dealing with it and fighting through the fear and pain that sometimes comes with it. Mental illness can feel frightening enough for those living with it and creating a more realistic portrayal in the horror genre will not decrease the scare factor, but create a better understanding of mental illness. That way we will be able to better separate the fictional portrayals from real life and help those with mental illness instead of fearing or “othering” them. The horror genre tends to have a lack of respect in certain film circles already because of these outdated portrayals. By improving their portrayals of mental illness and gender I believe they can improve how the genre is viewed from a cinematic perspective because “it will remind the audience of the value of the genre as a means of dealing with the institutionally and psychologically repressed; for horror films are one of our important ties with the mythic, with the

visionary, and their best goal has historically been as in the analogy of the Freudian dream to bring to consciousness that which has been repressed” (Kawin).

I would love to develop a script or story that uses the werewolf curse as a metaphor for bipolar disorder or depression. The curse itself is usually treated as the affliction in werewolf films, but could just as successfully be another side effect for a bigger real life issue like dealing with mental illness. Instead of focusing on a single werewolf character, which can often set the tone for gender portrayal in horror film depending on which the character is, it should include a variety of werewolf characters of different genders and perspectives into each werewolf’s life. While werewolf films are known for violence, I see no reason why a more psychological approach cannot be taken. Perhaps such a werewolf film can involve the monster that is portrayed being an imaginary perspective from someone with bipolar disorder or depression or of the people living around them in an average, non-horror life. This could reveal the different perspectives and stigma, while also having frightening elements and a surprise ending.

Other story ideas could include a child waiting for the curse to strike because it runs in her family, as mental illness also can, or a werewolf that uses medication or some form of therapy to control certain struggles of their condition. The ending of these stories can include the main characters fighting their own demons, but they should not rely on this exclusively or have to do so alone. It should portray a sense of community that comes to aid the werewolves with their symptoms and reconcile differences, as is needed between people with and without mental illnesses in real life. The possibilities to educate and better portray mental illness through horror films extends far beyond this, and my goal is to be a part of creating these stories.

Conclusion

It took time to connect my love of werewolves with my personal struggle, but it was a strong metaphor once I saw it. I've often felt like one when dealing with onsets of depression. I've felt the need to hide who I really am when interacting with people. I've had people tell me they didn't believe it was a real thing until they saw me go through it, much like the need for physical proof it takes in fiction for belief in the fantastical transformation of a werewolf. There is always the fear of sharing it with other people because, like with monsters in horror movies, most people freak out, don't want to deal with it or help people through...and they run. Sometimes I feel like people can sense there is something "off" about me from just walking into the room. I try, sometimes too hard, to connect to my peers, but always feel I'm being misunderstood or being judged as strange without them really knowing me. I've skipped classes because of a bad episode I had the night before, but since I wasn't sure if you could get a doctor's excuse for that sort of illness and because I was embarrassed I never told any professors about it. I've had people close to me call me "crazy" when I've become overemotional, whether upset or extremely overjoyed, as if I'm not allowed to express regular emotions at times, but it must be connected to my "disease." I've been frightened by myself and felt I wasn't in control. I've questioned whether my own behavior or thoughts are actually mine or just part of the disease, like it's detached from who I am, when it's not. It is part of me. I've come to accept and embrace that, which is part of why I love female monsters so much.

Continuing to ignore the stigma and the reality of mental illness today goes beyond hurting the feelings of individuals. It affects everyone with a connection to mental illness, whether

known or unknown, everywhere from work, to the grocery store, and especially school, where sadly “over 50 percent of students with a mental health condition age 14 and older who are served by special education drop out—the highest dropout rate of any disability group” (NAMI). My first bout of depression occurred in high school and, although it did return sporadically, I didn’t experience the next onset severely enough to interrupt my daily life until my 5th year of college. I couldn’t get off the floor, or the couch, because it physically hurt my body so badly. My brain had such difficulty functioning that I had trouble answering simple questions and after thinking vigorously for brief moments had exhausted myself mentally and physically. It wasn’t that I was lazy or couldn’t “toughen up” to the world, which was an assumption I beat myself up with anyway. I couldn’t function and there were days when I felt like I was dying, not wanting to die, but my being was literally shutting down on me. I skipped a lot of school in this period to the point where I feared I would fail, but wasn’t able to get any of those days excused because I couldn’t get a “real” doctor’s note about my condition. I had to trust that my teachers would accept what I was telling them and personally take it upon themselves to, not make it easier on me, but allow me the tools to catch up. There was no advantage about it.

While I have grown in my struggle to embrace living with and educating through mental illness, then I was far too scared and embarrassed to tell them. I’ve never been a terrible student. I have a passion for what I love to learn and I’m sure my school records would reflect that. I’m sure I am not the only one who has had this experience in school, demonstrating how the problem in the previous statistic does not lie in the student’s lack of wanting to learn. While economic times are rough, so many people are missing out on an education because their mental illness is not taken as seriously as other medical conditions that prevent them from being in class.

This creates a reflection that educational systems do not care and that they are keeping great minds from better achieving what they deserve the chance to achieve just as much as everyone else who attends school. We have the chance to help inform and positively shape the ideas of mental illness that society influences from the first things children are taught to the last things they remember when taking the next big step into adulthood and the ideas they will later pass on those in their lives.

This is why monsters are such wonderful characters to stand as metaphors for those with mental illness. They express both the emotions of humanity and the manifestations of the issues they deal with both inside their minds and out. We also need more memorable female monsters in a world where Frankenstein, Dracula, and The Wolfman are all male. I am in no way speaking against having monster movies or female monsters because this dual personality actually makes them more human and more relatable. In the case of female monsters, they give women a chance to be strong, powerful, and brave while accepting they also have flaws. I do not want to stop all negative portrayal of them as monsters because sometimes those with mental illness, myself included, have ugly times, but I want the portrayals of male and females monsters to be more equal. I want the redeeming qualities in some romanticized male monsters to be given to female monsters as well. They need a balance, which will at some points take away the horror because they become more well rounded and relatable, but at the same time other moments will become even more terrifying because the audience will recognize what horror exists in humanity in real life. My hopes would be that it would give us a more whole perspective that will make us braver when facing such topics of “othering” or thinking people who are different in society are monstrous instead of trying to understand them better first. I personally connected my depression

with werewolves because I was already naturally drawn to them, then one day it clicked as to one of the big reasons why. We are shaped by the world around us and “how we think of a wolf determines the wolf we “become”” (Robisch 210), be it people from our real lives, fictional influences, or what we are fed from the media. It is our own human projection and portrayal, we create our own heroes and monsters, and also have the power to change that image for ourselves and those around us at any time. I encourage those who love horror or have ever taken extra special interest in a type of monster to examine why you love and fear them as well, perhaps it will give a new insight into yourselves. Perhaps it could help you over a fear you didn’t know how to escape or didn’t know you had, and make you braver and better able to help others in the world who either share your fears, or braver yet, help those who are your fears.

I don’t want to be mistaken for writing this to vent my sad story or to get sympathy. I felt it was important to express this connection because I am tired of living in fear of myself and what others think. While I want to bring attention and respect to all mental illnesses, I only focused on depression and bipolar because of their personal connection to myself, which I made through my devotion to werewolves. I’m not trying to speak for all those living with the many forms and levels of mental illness and I know not everyone feels the same as I do. However, I do feel passionate about helping those who feel they have been held back or are not quite ready to speak about their own feelings about living with a mental illness. My hope is simply to spread my story, perspective, and love to shine a little light where there is so much darkness of both feeling and knowledge, so perhaps others can connect with them and not feel so alone, one of the constant fights I have with myself every day. I want to share the metaphor that resonated strongly with myself so others who may relate can feel like they can live with the monster they have

inside them and still be a good, thriving person in life. Support is more important than some people realize and I will not close the door on my own mental monsters, nor someone else's. It's not just people with mental disorders who can relate to this though. From everyday frustrations to extreme circumstances that let escape outbursts of emotion, "a human being can lose so much that is precious to (them), through war or persecution or chance, that (they) sink to the level of an animal, or worse. Everyone has the potential to become monstrous" (Asma 8). It seems we often claim that we "were not ourselves" when it happened, but I think we're wrong. We are scared, but instead of hiding from it, we should again take the advice of Dr. Waggoner from *The Howling*, and "never try to deny the beast, the animal, within us - only to channel these energies in a positive direction" so not to let it control us.

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